PTO/SB/31 (07-09)
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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional)		
		021315-08220400		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with		In re Application of Helmling et al.		
sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313- 1450" [37 CFR 1.8[a]]	Application N 10522582		Filed 26 January 2005	
on	For Ghrelin binding nucleic acids			
SignatureArt Unit		Examiner		
Typed or printed name	1635		/ivlemore	
Applicant hereby appeals to the Board of Patent Appeals and Interference	ces from the last	decision of the exam	iner.	
he fee for this Notice of Appeal is (37 CFR 41.20(b)(1))			s_540	
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:				
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this application to a Deposit Account.				
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No.				
A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed				
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I am the				
applicant/inventor.	/Dear	/Dean Nakamura/		
assignee of record of the entire interest.  See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.	Dear	Signature Dean Nakamura		
(Form PTO/SB/96)		Typed or printed name		
attorney or agent of record. 33981	2024	2024126986		
		Telephone number		
attorney or agent acting under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34.	11 November 2009			
			Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  Submit multiple forms if more than one signature is required, see below.				
Total of forms are submitted				
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